

## PART B—ISSUE FEE TRANSMITTAL

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94

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NORMAN AIKEN

(Depositor's name)

(Signature)

7/8/98

(Date)

| APPLICATION NO.       | FILING DATE     | TOTAL CLAIMS | EXAMINER AND GROUP ART UNIT | DATE MAILED |
|-----------------------|-----------------|--------------|-----------------------------|-------------|
| 08/560,024            | 02/20/96        | 009          | CAPUTA, A 1645              | 04/15/98    |
| First Named Applicant | CHEN, YAO-TSENG |              |                             |             |

TITLE OF INVENTION: MONOCLONAL ANTIBODIES WHICH BIND TO TUMOR REJECTION ANTIGEN PRECURSOR  
MAGE-1, RECOMBINANT MAGE-1, AND MAGE-1 DERIVED IMMUNOGENIC PEPTIDE

| ATTY'S DOCKET NO. | CLASS-SUBCLASS | BATCH NO. | APPLN. TYPE | SMALL ENTITY | FEE DUE  | DATE DUE |
|-------------------|----------------|-----------|-------------|--------------|----------|----------|
| 1 LUD-5354.1-J    | 424-185.100    | C99       | UTILITY     | YES          | \$660.00 | 07/15/98 |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. FULBRIGHT &amp; JAWORSKI

2. \_\_\_\_\_

3. \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  
**PLEASE NOTE:** Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE LUDWIG INSTITUTE OF CANCER RESEARCH

(B) RESIDENCE: (CITY &amp; STATE OR COUNTRY) NEW YORK, NEW YORK

Please check the appropriate assignee category indicated below (will not be printed on the patent)

☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fees are enclosed (make check payable to Commissioner of Patents and Trademarks):

☒ Issue Fee☒ Advance Order - # of Copies 10

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The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above.

(Authorized Signature)

(Date)

7/8/98

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